

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018869

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 8 1962

2607

VS 300
Rev. 4/59

1
2 3 398
3
4 2
5 3
6
7 1
8 1
9 981X
10
11
12 71-3
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
L. M. Tillman

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

8 Yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 1914 E 26th. St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Jackson

c. CITY

OR TOWN Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1918 E 26th. St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

James

Middle

A.

Last

Ballard Jr.

4. DATE OF DEATH

Month

5

Day

12

Year

62

5. SEX
Male6. COLOR OR RACE
Negro7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒8. DATE OF BIRTH
10-15-349. AGE (last birthday)
27 Yrs.IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RAILROAD - U.P.

10b. KIND OF BUSINESS OR INDUSTRY

LABORER

11. BIRTHPLACE (City and state or country)

Wagoner, Okla.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James Ballard

13b. MOTHER'S MAIDEN NAME

Iola L. Allen

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes Reservist

17. INFORMANT

3109 Inman,

Iola L. Fields Muskogee, Okla.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hemorrhagic Shock

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Massive Bilateral Hemothorax.

DUE TO (c)

Penetrating Gunshot Wound of Right Chest.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
8:40 p.m.Month, Day, Year
5/12/6220d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
1918 E 26

20f. CITY, TOWN, OR LOCATION

Kansas City, Jackson, Mo

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her/him live on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Deputy Coroner

22b. ADDRESS

1618 Lydia Ave

22c. DATE SIGNED

5/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

May 16, 1962

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Muskogee, Oklahoma

(State)

24. FUNERAL DIRECTOR

Jones & Stevens 2315 Linwood

25. DATE RECD. BY LOCAL REG.

5-14-62

26. REGISTRAR'S SIGNATURE

Ruth N Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Margaret Waller

Licensed Embalmer No. 46513

P. O. Address H. C. Miller

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.